

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. | FILING DATE | |
|---|----------|-----|---------------------|-----|---------------------|-----|--------------|-------------|-----|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | |
| | IND | DEP | IND | DEP | IND | DEP | | IND | DEP |
| 1 | | | | | | | 51 | | |
| 2 | | | | | | | 52 | | |
| 3 | | | | | | | 53 | | |
| 4 | | | | | | | 54 | | |
| 5 | | | | | | | 55 | | |
| 6 | | | | | | | 56 | | |
| 7 | | | | | | | 57 | | |
| 8 | | | | | | | 58 | | |
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| 10 | | | | | | | 60 | | |
| 11 | | | | | | | 61 | | |
| 12 | | | | | | | 62 | | |
| 13 | | | | | | | 63 | | |
| 14 | | | | | | | 64 | | |
| 15 | | | | | | | 65 | | |
| 16 | | | | | | | 66 | | |
| 17 | | | | | | | 67 | | |
| 18 | | | | | | | 68 | | |
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| 20 | | | | | | | 70 | | |
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| 24 | | | | | | | 74 | | |
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| 26 | | | | | | | 76 | | |
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| 34 | | | | | | | 84 | | |
| 35 | | | | | | | 85 | | |
| 36 | | | | | | | 86 | | |
| 37 | | | | | | | 87 | | |
| 38 | | | | | | | 88 | | |
| 39 | | | | | | | 89 | | |
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| 42 | | | | | | | 92 | | |
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| 48 | | | | | | | 98 | | |
| 49 | | | | | | | 99 | | |
| 50 | | | | | | | 100 | | |
| TOTAL IND. | 2 | | | | | | TOTAL IND. | | |
| TOTAL DEP. | 6 | | | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | 8 | | | | | | TOTAL CLAIMS | | |